

2-74

I

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/					51	/					
2		/					52	/	/				
3		/					53		/				
4		/					54		/				
5	/						55	/					
6		/					56		/				
7		/					57		/				
8		/					58		/				
9	/						59		/				
10		/					60	/					
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12		/					62		/				
13	/						63		/				
14		/					64		/				
15		/					65		/				
16		/					66	/					
17	/						67		/				
18		/					68		/				
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44		/					94	/					
45		/					95	/					
46	/						96		/				
47		/					97		/				
48		/					98		/				
49		/					99		/				
50		/					100	/					
TOTAL IND.		↓		↓		↓	TOTAL IND.	10	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	10	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	20					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

75-94 line

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CLAIMS ONLY							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
108								
109								
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TOTAL IND.	16							
TOTAL DEP.	30							
TOTAL CLAIMS	46							
51								
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99								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

46

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS